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JAN-20-2005 12:17 PM MOUNTAIRE FARMS SELBY

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LOCAL 325 MOUNTAIRE FARMS OF DELMARVA HEALTH & WELFARE PLAN					
		LEVEL 1 AFTER 180 DAYS	LEVEL 2 AFTER 1 YEAR	LEVEL 3 AFTER 2 YEARS	LEVEL 4 AFTER 50 DAYS
VACATION	Hourly	Salary 2 weeks - 1 year 3 weeks - 5 years 4 weeks - 15 years 5 weeks - 25 years+	1-3 years - 1 week 4-9 years - 2 weeks 10-19 years - 3 weeks 20-24 years - 4 weeks 25+ years - 5 weeks	1-3 years - 1 week 4-9 years - 2 weeks 10-19 years - 3 weeks 20-24 years - 4 weeks 25+ years - 5 weeks	
LTD	Pays 1/2 regular pay for 5 years	After 90 days out pays 60% of salary until age 65 if totally disabled. Cost depends on salary.	\$105/week No STD - Regular pay for first 90 days if employed over 1 year	\$117.5/week 1st day of accident 8th day of illness	\$117.5/week 1st day of accident 8th day of illness
STD	Max. \$200/week for 26 weeks \$1.50/week*	Can choose additional which is 2 times salary or can also choose supplemental which is 1 times salary premium based on salary and formula for additional life.	\$10,000 paid by company	8th day of illness \$10,000 paid by company	8th day of illness \$10,000 paid by company
LIFE INS.	Can only pick between 10, 20, 30, 40 & 50,000 life depending upon age and amount determines the cost				
DEPENDENT LIFE	\$5/week	\$1.22/pay	Max payment every 2 years - \$85	Max payment every 2 years - \$170	Max. payment every 2 years - \$170
VISION	\$1.49/week - single \$3.22/week - family	56.85/pay - family 15TH & last day of the month	Weekly	Weekly	Weekly
PAY PERIOD	Weekly				

Post-it Fax Note	7671	Call 1-20.05 10:00 AM
To	Phil Owen	From Debbie Jackson
Co/Dept.	C.	C.
Phone #		Phone #
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